

Classification

Approved For Release 2006/09/25 : CIA-RDP75-00399R000100120162-5

REPORTS INVENTORY

CONTROL NO: DDS/OL/SD-104

~~XXXXXXXXXX~~

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

DLSC Cross Reference Manufacturers Part Number to Stock Number

2. TYPE
OF
REPORT

<input checked="" type="checkbox"/>	STATISTICAL
<input type="checkbox"/>	NARRATIVE
<input type="checkbox"/>	MACHINE-NAME LISTING

3. FUNCTIONAL AREA

<input checked="" type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	TRAINING
<input checked="" type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	SECURITY
<input type="checkbox"/>	MEDICAL	<input type="checkbox"/>	FINANCE

ADMIN. GENERAL
OTHER (specify)

4. NO. OF COPIES PREPARED

2

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Monthly

6. DISTRIBUTION (No. of components not number of copies)

2

7. FORMAT (memorandum, form computer print-out, etc)

Computer Print-Out

8. ADP PROCESSING

☒ YES

IF YES GIVE ADP PROCESSING NO.

☐ NO

404

9. DIRECTIVE AUTHORITY REQUIRING REPORT

10. PREPARING COMPONENT (include lowest level contributing information to report)

OCS, OL/SD/SMB/GMMS,
OC/SCD/MSB

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED	=	COST PER YEAR
GS-10	5.23		10		52.30		12		627.60

B. COSTS OF COMPUTER PRODUCED REPORTS

			11.85		24		284.40
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TOTAL COSTS PER YEAR

912.00

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

This report is required as a reference data base for catalog and identification action.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

ESTIMATED SAVINGS

<input checked="" type="checkbox"/>	RETAIN AS IS	<input type="checkbox"/>	OTHER (explain)
<input type="checkbox"/>	CHANGE		
<input type="checkbox"/>	DISCONTINUE		

MAN-HOURS

DOLLARS

STAT

16. DATE OF INVENTORY

5 Oct 1970

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

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- AC/OL/SD/SMB/GMMS

18. EXTENSION

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FORM 9-70

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Classification

(see of 10)

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